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Retropharyngeal abscess: Our experiences

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The retropharyngeal space has a very complex anatomy and is located posterior to the pharynx (nasopharynx, oropharynx and hypopharynx), larynx and trachea. The space largely contains retropharyngeal group of lymph nodes. Retropharyngeal abscesses are deep neck space infections that occur in this space and can pose an immediate life-threatening emergency with potential for catastrophic complications. The high mortality rate of retropharyngeal abscess is due to its association with respiratory distress and airway obstruction, mediastinitis, aspiration pneumonitis, jugular venous thrombosis, sepsis and sometimes erosion into the carotid artery. The incidence of the disease is gradually going down due to the widespread availability of good antibiotics; this is also reducing a clinician's experience in managing such cases. This is a retrospective study of cases with the discharge diagnosis of retropharyngeal abscess treated in the past 10 years, the disease predominantly presented with fever and pain in throat with dysphagia, poor oral intake, neck pain and sore throat. Respiratory distress was seen in a few cases. Surgery was not performed in all the cases and in milder forms and in cases where patients refused for surgery, conservative management was done. Patients were investigated by X-ray and CT scan and ultrasonography and once the diagnosis of retropharyngeal abscess was established, they were managed by drainage/aspiration under general anesthesia along with intravenous antibiotics. Early diagnosis is the key to management of these conditions to avoid morbidity and mortality. Some interesting observations like incidence of Koch's lesions and type of surgical intervention chosen along with possibility of recurrence will be presented in detail.

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Outcomes of lipofilling in pediatric age

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Neubert named the first description for fat graft in 1893. One century after, in 1995 Sydney Coleman with his personal technique and method of Lipostructure® allowed the improvement of the survival of this type of graft. Lipofilling is a thoroughly applied technique in our unit of Pediatric Plastic Surgery for the treatment of many pathologies like scars as a result of burn or surgery, the sequelae of pediatric cancers, breast related pathology, craniofacial malformations, Parry Romberg syndrome, Treacher Collins syndrome, etc. In our unit of Pediatric Plastic Surgery, it is a commonly used and feasible technique due to good results not only in aesthetic, but also in durability in the treatment of pathologies that in the past years it was only suitable for treatment with implants, flaps, fillers or nothing. 86% of our patients were very satisfied with the results despite the reoperation in some cases due to fat reabsorption. Autologous fat grafting is a very valuable, trustworthy and excellent technique for the treatment of aesthetic and functional sequelae in plastic pediatric surgery and improves the results of congenital and acquired diseases.

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